

Anxiety Disorder Assessment

"Anxiety disorder" is the medical term for recurring fear or uneasiness that has no apparent cause. Anxiety disorders are the most widespread mental health problems in the world today. Millions of Americans suffer from anxiety disorders that are severe enough to interfere with their everyday lives.

There are several types of anxiety disorder, including:

- Panic Disorder
- Obsessive-Compulsive Disorder
- Post-Traumatic Stress Disorder
- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Phobias (exaggerated or irrational fears)

Anxiety disorders seem to be caused by a combination of environmental and biological factors. They can be complicated by depression and by alcohol or other drug abuse. Fortunately, most people who suffer from anxiety disorders can be treated successfully.

General Anxiety Disorder

For each question, choose the answer that best describes your feelings or actions:

1. Are you worried about such things as your work or school performance?

Often Sometimes Rarely or Never

2. Do you feel worried or anxious when there seems to be nothing to worry about?

Often Sometimes Rarely or Never

3. Do you get aches or pains that you can't trace to any physical illness or injury?

Often Sometimes Rarely or Never

4. Do you get tired easily?

Often Sometimes Rarely or Never

5. Do you have trouble sleeping?

Often Sometimes Rarely or Never

6. Does your body feel tense?

Often Sometimes Rarely or Never

7. Do you feel restless or on edge?

Often Sometimes Rarely or Never

8. Do you feel irritable or crabby?

Often Sometimes Rarely or Never

Panic Disorder

For each question, choose the answer that best describes your feelings or actions:

9. Do you feel fearful for no apparent reason?

Yes

No

If you answered "No" to question 9, skip to question 10. If you answered "Yes," please answer the question below:

When you feel fearful do you also:
feel dizzy?

Often

Sometimes

Rarely or Never

feel as though you can't breathe?

Often

Sometimes

Rarely or Never

feel as though your heart is pounding or racing?

Often

Sometimes

Rarely or Never

feel tingling or numbness in your fingers or hands?

Often

Sometimes

Rarely or Never

10. Do you feel as if something terrible is about to happen or feel that you are going to die, even though you don't know why you feel that way?

Often

Sometimes

Rarely or Never

Post-Traumatic Stress Disorder

For each question, choose the answer that best describes your feelings or actions:

11. Have you experienced or witnessed a horrible or terrifying event?

Yes

No

If you answered "No" to question 11, skip to question 12.

If you answered "Yes," please answer the questions below:

12. Do you have flashbacks or nightmares of that event?

Often

Sometimes

Rarely or Never

13. Are you anxious when faced with places, people, or situations that remind you of that event and do you try to avoid those things whenever possible?

Often

Sometimes

Rarely or Never

14. Do you experience any of the following: trouble sleeping, trouble concentrating, outbursts of anger or a feeling that you can't trust anyone?

Often

Sometimes

Rarely or Never

Social Anxiety Disorder (Social Phobia)

For each question, choose the answer that best describes your feelings or actions:

15. Are you afraid that you will do something to embarrass yourself?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
16. Do the following situations make you fearful?
- Meeting new people?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
- Speaking out in public?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
- Taking a test?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
- Eating, writing, or working in a public place?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
- Being the center of attention?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
- Do you try to avoid these situations if possible?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|

Specific Phobias

For each question, choose the answer that best describes your feelings or actions:

17. Are you especially afraid of a particular object or situation, such as high places, small or enclosed places, dark places, elevators, closets, water, storms, animals, seeing blood, receiving an injection, riding in a car, or flying on an airplane?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|
18. Do you try to avoid these objects or situations?
- | | | |
|-------|-----------|-----------------|
| Often | Sometimes | Rarely or Never |
|-------|-----------|-----------------|